

**GEORGIA DEPARTMENT OF COMMUNITY AFFAIRS
CHIP PROJECT DRAWDOWN REQUEST FORM**

State Recipient/Sub-Recipient Name: _____

Grant Number: _____ Federal Tax ID#: _____

Name and telephone number of the person to contact if there are questions: (PRINT)

Names: _____ Phone: _____

SETUP INFORMATION

DCA Project Number (ie, CH13XATLA-01) : _____ Final Draw ☐ YES ☐ NO

DRAWDOWN INFORMATION

PROJECT ONLY

Homebuyer/Homeowner Name: _____	DCA Request Number for this Project: _____
Homebuyer/Homeowner Name: _____	

Activity Type DPA/Rehab/PDC	Amount Allocated	Amount Drawn To Date	Balance Available for Drawdown	Amount of Drawdown Requested	Balance Remaining after Drawdown
				\$	
				\$	
Total				\$	

BANK WIRE/EFT INSTRUCTIONS

State Recipient or Sub-Recipient's Bank: Depository Name: _____ ABA#: _____ Account#: _____	Intermediary Bank (if applicable): Depository Name: _____ ABA#: _____ Account#: _____
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RECIPIENT - I certify that the data above is correct and that this request is in accordance with the terms and conditions of the above referenced grant. I further acknowledge that any disbursements attempted by DCA that fail to be deposited in the State Recipient or Sub-recipient's bank account as a result of inaccurate wiring instructions provided by the State Recipient or Sub-recipient at time of draw will result in a \$40 reduction in the administrative funds paid to the State Recipient or Sub-recipient for the activity and a corresponding reduction in the administrative grant available to the State Recipient or Sub-recipient.

Authorized Signatures: Name: _____ Title: _____ Date: _____	2nd Authorized Signatures: Name: _____ Title: _____ Date: _____
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FOR DCA USE ONLY

CHIP Program Staff Reviewed: _____ Date: _____	Approved by Office Director: _____ Date: _____
Approved by CHIP Manager: _____ Date: _____	Approved by Division Director: _____ Date: _____

(If Over \$25,000)

IDIS & MITAS CONFIRMATION (DCA ONLY)

Entered By: _____ HUD IDIS (Project) NUMBER: _____

HUD IDIS Voucher #: _____ PROJECT TRANSACTION NUMBER: _____

FOR ACCOUNTING USE ONLY (DCA)

DRAWDOWN APPROVED ON: _____ WIRED BY: _____ APPROVED BY: _____	WIRE CONFIRMATION CODE: _____ DATE: _____
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